

Gordon & Rees LLP
275 Battery Street, Suite 2000
San Francisco, CA 94111

STEPHANIE B. BRADSHAW (SBN: 170757)
NICOLE C. HARVAT (SBN: 200469)
ALYSON CABRERA (SBN: 222717)
GORDON & REES LLP
Embarcadero Center West
275 Battery Street, Suite 2000
San Francisco, CA 94111
Telephone: (415) 986-5900
Facsimile: (415) 986-8054

Attorneys for Defendants
MERRITT COLLEGE
and SHIRLEY MACK

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

ELIZABETH SANTOS,

Plaintiff,

vs.

MERRITT COLLEGE, SHIRLEY MACK, an
individual and DOES 1-10, inclusive,

Defendant.

CASE NO. C 07 5227 EMC

**DECLARATION OF ALYSON
CABRERA IN SUPPORT OF
MOTION TO DISMISS AND
STRIKE PLAINTIFF'S "REVISED
SECOND AMENDED
COMPLAINT"**

Date: May 14, 2008
Time: 10:30 a.m.
Dept: Courtroom C, 15th Floor
Judge: Hon. Edward M. Chen

I, Alyson S. Cabrera declare:

1. I am an Associate in the law firm of Gordon & Rees LLP, counsel of record for Defendants MERRITT COLLEGE and SHIRLEY MACK ("Defendants"). I have personal knowledge of the matters set forth in this Declaration and if called as a witness, could and would testify competently thereto.

2. Attached hereto as **Exhibit A** is a true and correct copy of the Accident Reporting and Claim Form submitted by Plaintiff Elizabeth Santos on or about December 22, 2006, which I obtained from Defendant MERRITT COLLEGE.

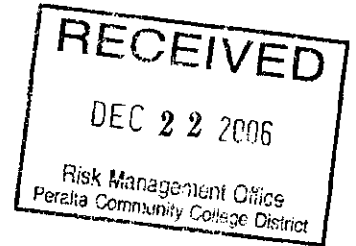
1 I declare under penalty of perjury under the laws of the State of California that the
2 foregoing is true and correct. Executed this 20th day of March 2008, in San Francisco,
3 California.

4
5
6
7 
8 ALYSON CABRERA
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

Gordon & Rees LLP
275 Battery Street, Suite 2000
San Francisco, CA 94111

EXHIBIT A

Peralta Community College District
Office of the General Counsel
Department of Risk Management
333 East 8th Street, Oakland CA 94606
(510) 466-7247



ACCIDENT REPORTING AND CLAIM FORM

This claim form is provided for your convenience. Any other form may be used if it satisfies the requirement of California Government Code §§ 900, et seq. This claim is against a public entity. You or your designated representative must present this claim to Peralta Community College District as prescribed by Title 1, Division 3, 6 § 3 & 4, of the Government Code of the State of California

Please print (or type).

1. Claimant's Name: Elizabeth Santos Home Phone: (510) 452-0548 Age: 57
2. Home address: 184 13th Street Apt # 209 City, State, Zip: Oakland, CA 94610
3. Business address: _____ City, State, Zip: _____
4. Business phone: (____) _____ E-mail: _____
5. Address where Claimant desires notices to be sent: 576 10th Street Oakland City, State, Zip: CA 94607
6. Identify names, addresses, and phone numbers of any witnesses:

	Print Witness Name	Address	Phone
a.			
b.			
c.			

7. Describe the specific damages or injury that occurred as a result of the incident (attach additional sheets if necessary):

Undetermined at this time

8. Describe the circumstances of the incident. State all of the facts that support your claim against Peralta Community College District and why you believe the District is responsible for the alleged damage or injury. Please be as detailed as possible. (Attach additional sheets as necessary):

I am coming down the steps to parking lot C I slipped and fell on the last step
or second from the last step, as a result of the inadequate lighting in the
stairwell.

Peralta Community College District
Office of the General Counsel
Department of Risk Management
333 East 8th Street, Oakland CA 94606
(510) 466-7247

9. Identify any medical treatment received, and names and addresses of hospitals and doctors:

Name: Veteran Oakland Outpatient Clinic Address: 2221 MLK Jr. Way Oakland, CA 94612
Name: Dr. Nunoo Address: 2940 Summit St., Ste. 2C Oakland, CA
Name: _____ Address: 94609
Name: _____ Address: _____

10. Identify the District employee(s) who allegedly caused the injury or damages (if known):

11. Date and time that incident occurred: 11 / 06 /06 at: 9:50 (circle) a.m. p.m.

12. Location of incident (if appropriate, identify specific landmarks): On the steps leading to parking lot C.

13. State the amount of damages that you seek: \$ _____ (Note: a claim amount must be specified if it is less than \$10,000. If the claim amount is \$10,000 or more, no dollar amount shall be specified).
Undetermined at this time.

14. You are required to identify which jurisdiction this case rests with regardless of the claimed amount. (Check the one that applies):

☒ Limited Civil Case: if the claim amount is \$25,000 or less
☐ Unlimited Civil Case: if the claim amount is more than \$25,000.

15. Describe how this amount was computed. (Attach receipts if available): Medical expenses and pain and suffering.

16. Insurance Information: has the claim for the alleged injury or damage been filed with, or will it be filed with, your insurance carrier? ☒ No ☐ Yes. If yes, please provide your carrier information:

Name of Insurance Company: _____

Address: _____ City, State, Zip: _____

Policy #: _____ Amount of Deductible: \$ _____

Peralta Community College District
Office of the General Counsel
Department of Risk Management
333 East 8th Street, Oakland CA 94606
(510) 466-7247

- ☐ This claim must be signed and dated by the Claimant or by their representative. A claim relating to a cause of action for death or injury or damage to personal or real property shall be submitted not later than six (6) months after the accrual cause of action. There may be other statutes governing this claim, including but not limited to certain Federal statutes.
- ☐ Claims rejected for untimely filing may be appealed to the Board of Trustees of Peralta Community College District. The appeal must be filed in writing and within one year after the accrual of the cause of action. The proposed claim shall be attached to the appeal.
- ☐ If you are in doubt about your legal rights, the District recommends that you seek legal advice at your own expense.

17. Signature: Frank M. Ennix
Claimant Signature, or Representative Filing on Claimant's Behalf

Date: 2-15-07

If a Representative has signed above, please print name of Representative: Frank M. Ennix

Relationship of Representative to Claimant: Attorney

Address of Representative: 576 10th Street City, State, Zip: Oakland, CA 94607

Phone Number of Representative: (510) 654-5527 E-mail of Representative: _____

Section 72 of the Penal Code provides penalties for any party intending to defraud, or make any false or fraudulent claims in this process.

PLEASE NOTE: once completed, return this signed form, within the prescribed six (6) month claim filing time period, to the Risk Management Office at:
Peralta Community College District, 333 - East 8th Street, Oakland CA 94606

(Rev. 10/06)